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ABSTRACT

Advocating for a population with an addictive disorder holds extraordinary challenges, but it also offers extraordinary rewards. The challenge is to embrace a cause with which most people in the United States hold little sympathy. The primary reward is that once advocacy has begun it can help ignite an addicted person's self-respect. This paper outlines some of the salient problems associated with advocating for addictive populations, summarizes ideas for general advocating, and identifies 11 organizations that are currently involved in advocacy. It concludes with a dream of what the end product or goal of successful advocacy might be. (MKA)

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Chapter Twelve

Advocacy on Issues Related to Addictions

Michael J. Taleff

Advocating for a population with an addictive disorder holds extraordinary challenges, but it also offers extraordinary rewards. The challenge is to embrace a cause with which most people in this country hold little sympathy. The primary reward is that once advocating has begun, it can help ignite an addicted person's self-respect. And if a single flame of self-respect can begin, think of the bonfire that thousands if not millions of people could collectively display.

This paper will outline some of the salient problems associated with advocating for addictive populations, summarize ideas for general advocating, and identify organizations that are currently involved in advocacy. This short piece will close with a dream of what the end product or goal of successful advocacy might be.

Before we begin this little journey, let us get the definition straight. Advocacy refers to the action of the person or organization that pleads, recommends, or supports an argument, cause or policy. For our purpose, advocacy defends or stands up for the rights of a person with an addictive problem. There are elements of counseling, politics, and passion to be seen within the advocacy process. All contribute toward changing things for the better.

Challenge of Addiction Advocacy

Perhaps the critical question of advocacy for addictive populations is why we should put forth the effort on behalf of such a group. Many would argue that it doesn't make sense to advocate for people who seemingly bring on the problem by their own behavior. Various people would still claim that addicts willfully contribute to the situations in which they find themselves. "I mean,

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don't addicts have to stop whatever they are doing and go out of their way to seek and eventually use chemicals?" This type of logic suggests that in order to get worse the addict has to do something that looks a lot like willfulness to advance the progression of the problem. It isn't like Parkinson's Disease that progresses without active promotion. What about the crack addict mother who abandons her children for days in squalor so she can "cop" and repeatedly use? What about the adolescent who at age 13 or 14 begins to prostitute himself or herself to get drugs? How do you advocate for them? Think about the pushers and users who not only sell drugs to the mother and adolescent but are out of control themselves. How does one advocate for them? It is difficult to plead for money and policy changes for Uncle Fred who has smoked most of his life and now has a major lung problem. It is equally difficult to advocate for Aunt Emma who has been obese all her life, and now has diabetic as well as cardiac complications.

Moreover, this situation is complicated by the fact that the government indirectly contributes to the stigma problem. When a regime declares war on a segment of its people or calls for "a crusade to wipe out this plague," its statements elicit moral overtones. It is these moral overtones that add to the ever present "disgrace" of addiction.

With any of the appetite or excessive disorders, there are tremendous stigmas to overcome. We just don't see telethons set up to raise money for addictions research. It is not a big draw for charity work. Most people with an addiction are viewed as second-class citizens and as morally inferior. Although some progress has been made to see these problems as diseases, the stigma remains very strong for the majority of the public and even among state and national representatives and policy makers.

Then why do it? Why advocate for these people? The answer is deceptively simple. We advocate because, despite the problem, they are people. They happen to be caught up in a terrible situation. A real ray of hope on the horizon drives this point home. It is that explanations about addiction are improving from generation to generation. Each level of improvement is based on scientific thought and evidence. As this scientific base builds, it steps further away from the age-old stigma that dogs this problem. Science and stigma cannot coexist. Thus, another reason for advocating is that it will assist in finding solid answers for the dynamics of addiction. But, we need the research money and a collective will to accomplish this enormous task. We also need a dream akin to walking on the moon. Advocacy has the potential to realize all of this.

Addiction Advocacy Strategies

Going back to our definition, to advocate means to plead, recommend, and support an argument, cause, or policy. In our case, we are advocating for all people with an addiction in order to support their rights and challenging the stigma and discrimination associated with the problem. This can be done on a number of levels. One is the personal, another is within a group, and the third is a combination of both.

It seems fitting that any movement toward advocacy begins somewhere within the person. We usually need some inner feeling of outrage to provoke motivation, which in turn stimulates action. That activated person then contacts someone else who becomes caught up in the movement, and then they capture a third, fourth, and so forth. Following this, more formal groups are created. When they develop a certain level of respect and credence, these groups can lobby and bring pressure to bear on those who can help make a change. If many people work together to make a change, it is more likely to happen than if one person tries it alone. This is the case for addiction advocacy.

In Pennsylvania, as in other states, this general scenario began a number of years ago with an organization entitled The Drug and Alcohol Services Providers of PA. This was and remains a public policy advocacy group. Recently, Promoting Recovery Organizations-Achieving Community Togetherness (PRO-ACT) began to organize the recovery community to promote pride and dignity in recovery, as well as promoting a positive, distinct community identity. Two grants were awarded by the Center for Substance Abuse Treatment (CSAT) to Pennsylvania. The first is The Statewide Pro Alliance, and the local version entitled The Bucks County Council on Alcoholism and Drug Dependence. General objectives of the latter include reducing the stigma of addiction, having volunteers give back to the community, focusing on drug- and alcohol-free social events, participating in evaluating treatment services, and educating the recovering consumer in regard to legislation and public policy.

A little known aspect of advocacy is that it has the potential to change situation variables that often account for addictive disorders, such as a poor environment, housing, and education. Advocated money directed at these variables may have tremendous effects on an addiction, versus resorting to the worn-out cliché that the client is in some form of denial. In fact, a sub-unit within clinical settings could be arranged to advocate for better housing,

a safe environment, and a quality education.

However, this advocating process need not be limited to the recovering person. Such a process can support addiction counselors, prevention specialists, and supervisors. Often, these dedicated individuals fail to receive the respect they deserve because of the clientele they serve.

This whole process can be viewed as a benevolent snowball rolling down a hill and gaining more momentum as it moves. This is where the visualized dream plays a pivotal role. Imagine a diverse crowd of 500,000 people, recovering from various addictions, on the mall in Washington, D.C. openly advocating for their rights and dignity. They come from all over the country and shout in unison "Increase knowledge, stop the stigma." That turnout and petition then reverberates down the halls of congress and the White House, and soon people in power start to listen, understand, and direct money and personnel to really address this problem. But, the outcome of this work is the best part of the dream. Just a few short years later, average people sitting in their living rooms watching TV no longer look down their noses at the someone with an addiction, nor view them as sinners. Because of the answers obtained by the advocated research and educational outreach programs, the public understands. They do this because of the results brought about by the hard work and sweat involved in advocacy. In our dream, that work has finally put an end to the stigma and shame of addiction.

Suggested Resources

National Alliance for Model State Drug Laws
333 N. Fairfax St., Suite 201
Alexandra, VA 22314
703-863-6100
www.natalliance.org/main.html
(This organization has developed model state laws and discriminated information across the country.)

National Coalition of State Alcohol & Drug Treatment and Prevention Associations
c/o Legal Action
236 Massachusetts Ave. N.E., Suite 505
Washington, DC 20002
202-544-5478
(A national public policy advocacy group.)

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)
12 W 21 Street
New York, NY 10010
(212) 206-6770
www.ncadd.org
(NCADD sponsors the Registry of Addiction Recovery (ROAR), a national volunteer campaign to fight the stigma associated with addiction.)

Alcohol Policies Project
Center for Science in the Public Interest
1875 Connecticut Ave. N.W. Suite 300
Washington, DC 20009-5728
(202) 332-9110 x 385
www.cspinst.org/booze/
(The Alcohol Polices Project is a watchdog group that offers advocacy and information on federal and state policy.)

Center for Alcohol Advertising
2140 Shattuck Ave. Suite 1110
Berkeley, CA. 94704
(510) 649-8942
www.traumafdn,org/alcohol/ads/index.html
(The Center monitors alcohol promotion and advertising and offers assistance with media advocacy.)

The International Coalition of Addiction Studies Education (INCASE)
www.homestead.com/INCASE/index.html
(INCASE is an organization of substance abuse educators dedicated to scholarship addictions studies instruction, training, as well as promoting research, especially at the post secondary level.)

Join Together
441 Stuart St., 7th Floor
Boston, MA 02116
(617) 437-1500
www.jointogether.org
(This is a national resource helping communities fight substance abuse and gun violence. It provides access to the latest news and research on substance abuse and gun violence.)

Legal Action Center
236 Massachusetts Ave. N.E., Suite 505
Washington, DC 20002
www.lac.org
(The Legal Action Center provides advocacy for expanding addiction treatment and prevention. It fights discrimination against people who are in recovery from various addictions and HIV/AIDS.)

Mothers Against Drunk Driving (MADD)
511 E. John Carpenter Freeway, Suite 700
Irving, TX 75062
(214) 744-6233
www.madd.org
(MADD is a nonprofit organization that focuses on effective solutions to drunk driving and underage drinking problems, while supporting the victims of drunk driving.)

National Association of Alcohol and Drug Counselors (NAADAC)
1119 North Fort Myer Drive, Suite 900
Arlington, VA 22209
(NAADAC is the national professional chemical dependency organization for counselors, educators, administrators, and other health givers. It also tracks legislative actions and advocates for policy change.)

National Association for Children of Alcoholics (NACOA)
11426 Rockville, MD 20875
(301) 468-0985
www.health.org.nacoa
(NACOA advocates for children and families affected by chemical dependencies.)

Physician Leadership for National Drug Policy
Center for Alcohol and Addiction Studies
Brown University
Providence, RI 02912
(401) 444-1818
center.butler.brown.edu/plndp/
(The Leadership is a group of physicians who advocate for effective policies on addiction treatment.)

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